APPROVED PA Criteria

Initial Approval: July 10, 2013
Revised Date: July 9, 2014
April 9, 2014

CRITERIA FOR PRIOR AUTHORIZATION

Direct Acting Hepatitis C Agents

PROVIDER GROUP Pharmacy

MANUAL GUIDELINES The following drug requires prior authorization:
Telaprevir (Incivek®)

CRITERIA FOR INITIAL PRIOR AUTHORIZATION Must meet all of the following:

Patients new to the plan will be allowed to continue previous hepatitis C regimen (max of 12 weeks of Incivek therapy total)

- Patient must have a diagnosis of chronic hepatitis C
- Patient must have genotype 1 hepatitis C
- Patient must have stage 3 or 4 liver fibrosis
- Must be prescribed by or in consultation with a hepatologist, gastroenterologist, or infectious disease specialist
- Patient must be 18 years of age or older
- Incivek must be used in combination with peginterferon alfa and ribavirin
- Female patients must have a negative pregnancy test within 30 days prior to initiation of therapy and monthly during treatment with Incivek
- Patient must not have been on a previous or concurrent direct acting hepatitis C agent (i.e. concurrent therapy or previous trial with Victrelis, Incivek, Olysio, or Sovaldi)
- Dose must not exceed 6 tablets per day
- Patient must not have a history of illicit substance use or alcohol abuse within the past 6 months

LENGTH OF INITIAL APPROVAL 12 weeks

Ribavirin and Peginterferon alfa are approved when using triple therapy with Incivek if Incivek criteria are met

DISCONTINUATION CRITERIA

- Provider must submit HCV RNA level after treatment week 4 within 7 days to prevent discontinuation of therapy
- Therapy will be discontinued if the HCV RNA level is above 1,000 IU/mL after treatment week 4